



My HRA with Medical Plan Guide

How to get more from your Health Reimbursement Account



HUMANA
Guidance when you need it most



Health Reimbursement Account

All about using your Health Reimbursement Account (HRA)

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HRAs in a nutshell

Using your HRA Guide

Thank you for choosing a Humana Health Reimbursement Account (HRA) plan. As you'll see in this guide, your plan gives you choice and flexibility in how you pay for healthcare.

Understanding how your HRA works can help you maximize the advantages – and ensure quick and convenient access to your funds. That's where this guide comes in. We hope you'll browse through it now – and keep it handy throughout the plan year in case you have any questions.

HRA basics

The HRA is like a healthcare “expense account” funded by your employer. You can use your HRA money for medical expenses like doctor's office visits and prescription drugs, as well as other qualified healthcare costs. The amount of the HRA varies by employer.

Your employer determines what types of expenses are qualified, within guidelines defined by the Internal Revenue Service (IRS). Most employers' plans cover medical and dental, prescription drugs, and vision services. However, your company may not include all of these categories. You can find sample qualified expenses on **kyhealthplan.humana.com** or on MyHumana – your password-protected, personal page on **Humana.com** – and find your employer's specific qualified expense categories in your Benefit Plan Document. To avoid any inconvenience down the road, make sure to keep receipts every time you use HRA funds. Because of IRS rules, Humana may contact you to verify that your expense was qualified. See page 11 for more information.

The HRA is typically combined with a Preferred Provider Organization, or “PPO,” plan. You may have a higher deductible than with other plans – but HRA funds can be used to cover part of your deductible.



Also known as a Health Reimbursement Arrangement

“Personal Care Account” is another name for what the IRS calls a “Health Reimbursement Arrangement.” Humana calls it a “HRA” to make it clear that the account is for your “personal” healthcare expenses.

HRA advantages

Here are some of the many reasons to like your HRA:

- **Reduce your deductible with HRA funds** – When you use your HRA for medical expenses like doctor's office visits, the expense applies to your deductible – so you can “pay down” your deductible with money your Plan supplies.
- **Spend HRA dollars with a swipe** – You don't have to file claim forms when you use the HumanaAccessSM Visa[®] Debit Card. At many healthcare provider locations, you can use your card to pay directly from your account – just make sure to save your receipt in case we need to verify your expense. See page 11 for more information.
- **No copayments for medical services** – HRA plans typically don't require copayments for medical expenses, including doctor's office visits, preventive care, and hospital services. When you go to an in-network doctor's office, just ask them to bill you. Then, when you receive the bill, give the doctor's office your HumanaAccess Card number to pay directly from your HRA. See page 8 for more information.
- **Funds will carry over** – If you don't use all of your HRA funds during the plan year, you will be able to carry over all of your money to the next year as long as you continue to enroll in the Maximum Choice Plan. See page 13 for more information.
- **You're in control** – You can use your money in lots of ways – qualified expenses usually include out-of-pocket costs for medical care, pharmacy expenses, dental expenses, vision care, and more.

HRA example

Here's an example of how a member could use a HRA for her family's healthcare expenses.



Example: Mia – single with one child

Mia's plan covers herself and her daughter, Melissa. The plan includes:

- \$1,500 HRA
- \$3,000 family deductible for her PPO plan

Their healthcare costs for the year total \$1,850. Mia has one doctor's appointment during the year and has outpatient surgery on her foot. Her daughter gets an ear infection, so she goes to the doctor and fills one prescription.

How Mia uses her HRA for healthcare costs

HRA funds at the start of the year	\$1,500
Cost of medical services (counts toward deductible)	\$1,800
Cost of prescriptions (doesn't apply to deductible)	\$50
Mia uses HRA to pay	\$1,500
HRA funds remaining	\$0
Mia pays remaining costs out of pocket	\$350
Mia's remaining deductible	\$1,200

Summary

Mia used her HRA to cover all but \$350 of her medical and prescription drug costs for the year. The amounts associated with her health plan – the doctor's visits, outpatient surgery and prescriptions – apply to her deductible.



How money goes into your account

Plan contributions

Your Plan decided how much money went into your HRA – check your enrollment materials for details. The amount usually varies depending on how many people your plan covers. You can't contribute to a HRA – only your Plan can.



How life changes affect your HRA

Changing jobs

If you leave your current employer, you can't take HRA funds with you – but you do have a “window” when you can file claims for expenses you had before you left your employer. You'll need to file for reimbursement rather than use the HumanaAccessSM Visa[®] Debit Card.

If you go on COBRA – the “Consolidated Omnibus Budget Reconciliation Act,” which allows you to continue group health coverage when you leave an employer:

- You can continue to use funds left in your HRA as of your last date of employment, up until the claims filing deadline for the current plan year.
- You're allowed to choose the HRA plan again if you're still on COBRA for the next open enrollment, as long as your former employer offers it; you'd receive the same HRA contribution an active employee with the same coverage level would receive.
- Your former employer may charge a higher premium for the HRA plan than what you paid when you were an active employee.

Enrolling in Medicare

Once you enroll in Medicare, you can continue to receive HRA contributions – but only if you continue working. HRAs aren't available to people who are retired or self-employed.

Qualifying Life events

Your Plan may allow you to change your benefits when you have a “qualifying event.” Qualifying events vary by company, but they usually include:

- Marriage
- Birth or adoption
- Legal guardianship change
- Divorce
- Death of a spouse or child

In addition, your Plan *may* allow you to change your benefits when your spouse has open enrollment or in case he or she loses insurance coverage. Check your Benefits Plan Document to find details on your employer-specific rules.

Any qualifying event that allows you to change coverage type can have an impact on your HRA, too. For instance:

- **Marriage** – Adding a spouse to your plan may change your coverage level, so your HRA amount may go up.
- **Divorce** – If you remove your spouse from your plan, your coverage level may change, which may decrease your HRA amount.
- **Children** – Adding a child to your plan may change your coverage level, causing your HRA amount to go up.



Talk to your insurance coordinator about life events

Any qualifying event that allows you to change coverage type can affect your HRA. Your Insurance Coordinator can explain the HRA amount available where you work.



Spending HRA funds

Qualified expenses

You can spend healthcare HRA funds on items approved by your Plan and the IRS. Most employers typically allow:

- Medical services like doctor's office visits and hospital services
- Prescription drugs
- Durable medical equipment

IRS rules also allow the following:

- Dental services
- Vision care, including eye exams, eyeglasses, contact lenses and solution, and laser surgery
- Over-the-counter medications

You can also see a sample list of qualified expenses on *MyHumana*. But remember: **your employer can put further restrictions on HRA-qualified expenses.** Your Plan can restrict an entire category – vision care, for instance – but cannot exclude a specific service like Lasik. For details on qualified expenses for your plan, check your Benefits Plan Document. To download the document from *MyHumana*, go to the “Plans & Coverage” section, click the “Details” button under the name of your medical plan, and click the “Download PDF” link under “Coverage Details.”

What happens if you use funds for nonqualified expenses

If you use HRA funds for a nonqualified expense, you’ll need to pay the money back. Send your payment to:

Humana Spending Account Administration
P.O. Box 14167
Lexington, KY 40512-4167



Save your receipts!

As you’ll see later in the “Verifying your expenses” section, keeping your receipts handy will save you lots of time if you have to prove your expense was qualified.

When you can start using your HRA

All of your Plan’s contribution is available to you on the first day of the plan year.

HumanaAccessSM Visa[®] Debit Card overview

For most transactions, the HumanaAccess Card is the fastest, easiest way to spend HRA funds:

- It draws money from your account instantly
- You don’t have to pay out of pocket and then wait for reimbursement
- It works at many healthcare provider locations, from doctor’s offices to pharmacies to eye doctors

The card looks like any Visa debit card – **except it only works at healthcare provider locations like doctors’ or dentists’ offices, pharmacies, and vision care providers.** You can’t use the card at “non-health-related” locations like restaurants or gas stations – even if you’re buying a qualified item. Also, you can’t use the card at ATMs or get cash back at a store.

In addition, you can use the card only for categories of healthcare services your employer allows as qualified expenses. The categories may include one or more of the following:

- Medical
- Dental
- Vision
- Prescription Drugs
- Durable Medical Equipment

The Zero Liability feature guarantees maximum protection against fraud if your HumanaAccess Card is stolen and used for unauthorized purchases. After fraudulent behavior occurs, simply call Humana at **1-800-604-6228**. If the unauthorized purchase is truly fraudulent, you aren't financially responsible.

What to do when you receive your HumanaAccess Card

Humana sends your HumanaAccess Card in the mail. When you receive the card:

- Activate it right away, so the card is ready to go when you need it – call the toll-free activation number on the card, **1-888-894-2201**, and follow the instructions on the recorded message
- Sign the back of the card
- Read and save the enclosed insert, which gives you more tips on using the card

If you get more than one card, you need to activate only one for both to work. By activating the card, you accept the terms and conditions outlined in the cardholder agreement.



Call 1-800-604-6228 if your card is lost or stolen

If your card is lost, call Humana's Spending Account Administration line right away, so we can protect your account balance and get a new card to you immediately. Representatives are available from 8 a.m. to 7 p.m., Eastern time – but you can alert us anytime using our automated information line, which is available 24 hours a day through the same number.

Using your HumanaAccess Card

With a HRA plan, you typically don't have a copayment at the doctor's office, urgent care center, or hospital. If this is the case, just ask the provider to file the claim and then use your HumanaAccess Card to pay later.

- Pay nothing at the doctor's office and wait for the doctor to send you a bill showing Humana's discounted rate and what you owe. See below for information about what to do if the office staff wants payment before Humana processes your claim.
- Check the credit card payment box on the bill, write your card number and expiration date, and mail the bill back to your doctor – or you can call the doctors office and give your card number over the phone.
- If the doctor's office doesn't take Visa debit card payments, pay the balance another way – such as with a personal check – and then get reimbursed from your HRA. See page 11 for instructions on reimbursement.

Most providers don't mind waiting to send you a bill after Humana processes your claim. That way, they know you're paying exactly what you're responsible for, such as your deductible or coinsurance amount. However, providers are allowed to request payment up front – and some do. Here's how you can handle such a request.

- 1. Easy Pay Consent Form** – With this form, you give a provider written authorization to debit your account after Humana processes your claim and determines the amount you're responsible for. You can limit the amount a provider can debit, specify a date range, or limit the number of transactions. Tell your doctor the form is available in the Provider section of Humana's Website on this page: [Humana.com/providers/tools/claims/humana_access_card.asp](https://www.humana.com/providers/tools/claims/humana_access_card.asp)
- 2. Pay an estimated charge and then adjust it later** – If the office staff prefers to run your card while you're there, it's OK to do so. Just swipe the card, select "credit," and sign for the transaction. Then wait for Humana to send your Explanation of Benefits – the document that shows what your plan paid and the amount you owe.
 - **If you paid too little** – The doctor's office will bill you for the balance. You can use your HumanaAccess Card to pay once the bill arrives.
 - **If you paid too much** – You have to return the excess amount to your spending account. Ask the doctor's office staff to credit your HumanaAccess Card. If the provider mails you a check instead, you can write a personal check to repay your account. Make the check out to Humana, write the claim number on the check, and mail your payment to:

Humana Spending Account Administration
P.O. Box 14167
Lexington, KY 40512-4167

**What to do if an expense exceeds your account balance**

For all uses except at the pharmacy, you can split the charge by using the HumanaAccess Card for the exact amount left in your account and then paying the remaining amount separately. However, at the pharmacy you'll have to pay the entire amount with another form of payment and then request reimbursement.

To use your HumanaAccess Card at a pharmacy for prescription drugs:

- Present your card for payment or swipe it through the credit card machine
- Select "credit" as the transaction type – the card doesn't have a PIN
- Sign the itemized receipt and save it for your records

Your Plan includes over-the-counter (OTC) medications as qualified expenses. IRS-qualified OTC medications include pain relievers and allergy medicines – but not vitamins or supplements.

A new IRS requirement now allows you the option of purchasing over-the-counter medications and other health products using your HumanaAccess Visa card. Many retailers have now updated their systems to allow them to identify and separate healthcare items from ineligible items. For example, if you buy a soda along with Tylenol and a prescription, you can use your HumanaAccess card for the cost of the prescription and the Tylenol and then present another form of payment for the soda. A list of retailers where OTCs can be purchased with the HumanaAccess card is available on MyHumana.

The list of sample expenses on MyHumana offers guidance on OTCs that are generally considered qualified.

Reasons the HumanaAccess Card may be declined

As long as you've activated your card, and you're purchasing qualified items, the card should work like a charm. To help you avoid any inconvenience, here are some reasons the HumanaAccess Card might not work:

- You pressed "debit" instead of "credit"
- You're using the card for a nonqualified expense
- You haven't activated the card
- Your account doesn't have enough money to cover the total expense – for locations other than the pharmacy, you can use the card for what's in your account and pay the rest another way; at the pharmacy you'll need to pay the entire amount another way and then request reimbursement from your account
- You included nonqualified items, like chewing gum, in your pharmacy purchase – try the transaction again with qualified items only
- You tried to purchase a prescription for someone not covered under your plan

If your card was declined and you feel the expense qualifies, pay another way and then submit a reimbursement request.



Rx expenses must be through a Humana medical plan to use the card

You typically can't use the HumanaAccess Card at the pharmacy if:

- You're filling a prescription that's covered by another plan or through a different employer
- You're purchasing a prescription for someone not covered under the plan

Here's why:

The IRS requires Humana to verify pharmacy expenses before releasing HRA funds. If we aren't processing the claim, we can't verify the expense. You can use HRA funds for these prescriptions, but you'll need to submit a claim for reimbursement.

Reimbursement from your account

There may be situations in which your provider does not take the HumanaAccess Card. In those cases, Humana has two easy methods for receiving your reimbursement:

- Submit a request on MyHumana – your password-protected, personal page on **Humana.com**. Select the “Spending Accounts” page from the “Claims & Spending” menu, click on “Request Reimbursement,” and fill out the electronic request form. Then fax or mail the completed form with a copy of the receipt or EOB to the address on the form.
- Fill out a paper form – You can download a paper claim form on the “Request Reimbursement” page in MyHumana or get a form by calling Customer Service at **1-800-604-6228**. Be sure to attach your receipt or EOB when you send the form.

Verifying your expenses are qualified

The IRS requires that 100 percent of disbursements made from healthcare HRAs be “substantiated” or verified. This means Humana is responsible for making every effort to verify that expenses are qualified healthcare expenses as defined by the IRS. In some cases, Humana will not be able to substantiate transactions automatically, particularly in cases where Humana does not have the medical benefits or receives limited claims information.

In the event that expenses cannot be verified in an automated way, Humana will request receipts from you so we can verify those expenses. If Humana is unable to verify an expense, you will receive a letter that lists the expense and provides instructions on what you need to do. If receipts are not received within a reasonable period of time, Humana may turn off the HumanaAccess Card and attempt to recover the funds from future manual reimbursement requests.



Call 1-800-604-6228 if you have problems with your card

If you've tried all the suggestions above, and your card still doesn't work, just call Humana's Spending Account Administration team toll-free, and we'll help you figure it out. Representatives are available from 8 a.m. to 7 p.m. Eastern time. You don't have to memorize the phone number – it's on the back of the HumanaAccess Card.

Verification requires valid receipts containing:

- Name of subscriber/spending account holder
- Date of service
- Description of service
- Name of person who received the service
- Name of service provider
- Total expense amount

In the event you don't have a receipt or EOB – or if you know the expense wasn't qualified – you'll have to pay back the amount.

Here's a general timeline of how and when Humana verifies HRA claims:

- **Day 1** – Card transaction takes place
- **Day 30** – If Humana can't verify the expense automatically within 30 days, we send a letter in the mail requesting an itemized receipt or EOB
- **Day 60** – If we still haven't heard from you, we turn off the HumanaAccess Card; to reactivate your card, you'll need to send verification or pay back the amount of the HRA transaction. Traditional paper claims are also suspended.



Can't find your receipt or EOB?

You can request a duplicate receipt from the provider. If Humana processed the claim, you can download and print an "electronic EOB" from MyHumana – just go to the "Claims" page within the "Claims & Spending" section and click on "Details" for the claim.

Even if your HumanaAccess Card is turned off, you still have access to your health benefits – you just can't pay for anything with your HRA using the HumanaAccess Card.

If you do not submit verification of the transaction or repay your spending account, the claim(s) will remain outstanding and in violation of IRS substantiation requirements. Your employer and plan sponsor may take the following actions:

- Include the amount of the unsubstantiated transaction(s) in your W-2 income. This will result in income and employment taxes.
- As a last resort, your employer can deduct the amount associated with claims not substantiated from your paycheck, if your state law permits.

If you have questions about verifying expenses, feel free to contact us at **1-800-604-6228**.

What happens when the plan year ends

Some HRA plans allow you to carry over unused funds at the end of the plan year, and some don't. Check with your Plan if you're not sure.

If your plan allows carry-over, you may be able to carry over the entire balance. If you have this option, you can find details in your Summary Plan Description. To download the document from *MyHumana*, go to the "Plans & Coverage" section, click the "Details" button under the name of your medical plan, and click the "Download PDF" link under "Coverage Details."

You may be able to take advantage of your plan's "run-out." The run-out period is a period after your plan year is over, during which you can file for reimbursement from the previous year's HRA.

Check your Summary Plan Description to find out more about carry-over and the run-out period.



Keeping track of your account

Checking your balance online or by phone

To check your HRA balance online, log in to *MyHumana* – your password-protected, personal page on **Humana.com** – and go to the "Spending Accounts" page in the "Claims & Spending" section. The Website includes the most up-to-date information about your account.

You can also get up-to-date information about your account balance over the phone through our automated voice-response system. Just call the Spending Account Customer Service number on the back of your HumanaAccess Card.



Two good reasons to keep track of your account balance

First, if you have money remaining toward the end of the plan year, it's likely you can find a qualified item or service you need – like new glasses or a screening exam you've been putting off – so you don't have to forfeit the money. Second, knowing your account balance can help you avoid the inconvenience of a declined HumanaAccess Card transaction.

Online tools

Your password-protected, personal page on **Humana.com** offers lots of other helpful services. Log in to *MyHumana* to:

- View your account balance
- Review all posted and pending HRA transactions
- Request additional HumanaAccess Cards
- Download a reimbursement form
- Review frequently asked questions about using the HRA, verifying expenses, and getting the most value from your account
- See a list of sample qualified expenses – this list is only a guide; check with your employer for specifics on your HRA
- Review year-to-date spending
- Estimate costs for healthcare services
- Compare doctors, hospitals, and outpatient centers with Humana's MyChoice ToolsSM
- Print a copy of any substantiation requests

If you haven't registered for *MyHumana* yet, just go to Humana's Website, click the "Register for *MyHumana*" button on the home page, and follow the easy instructions.

Quarterly statements (Smart Summary)

Even if you don't use the Internet, it's easy to keep track of your account. Humana sends a quarterly statement in the mail with information about your account balance and transactions.



FSA, HRA, and HSA spending accounts are not insured benefits; they are a service administered by Humana Insurance Company.